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Part 1: Liability Year and Type of Certification							
Liability Year for this Certification: Complete a separate form for each liability year for which you are certifying. (check one)					2010	Other:	
Type of Ce	rtification	: (0	check one)	Initial	Annual	Supplemental	
Part 2: Ma	nufacture	r Ide	ntification				
Company Name							
Mailing Addre	Mailing Address						
City			State	Zip Code	Country		
Phone			Fax		FEIN		
Part 3: NPI	M Status						
References to cigarettes (includes roll-your-own) are to the brand families certified on the NPM-1 form submitted by the manufacturer identified in Part 2.							
☐ Yes	☐ No		M is the fabricator of the brand families listed on the NPM-1 form and intends for the cigarettes to be sold in the U.S., luding cigarettes intended to be sold in the U.S. through an importer.				
☐ Yes	☐ No		M is the first purchaser anywhere for resale in the U.S. of cigarettes manufactured anywhere that the manufacturer as not intend to be sold in the U.S.				
Yes	☐ No	NPN	M is a successor as defined in 30 II	LCS 168/10.			
Part 4: Add	ditional In	form	ation Requested by Attorr	ney General's Office			
Check	One:						
Response Provided	Does Not Apply	•	 All NPMs must provide the information requested in this section. Provide a response to each question or indicate N/A. Each attachment must indicate the question to which it corresponds. 				
			A copy of your current U.S. and/or as an importer as reprovide importer permits for	quired by 26 U.S.C. §	5712 and §5713. Fore	eign NPMs should	
			Name, address and phone number of the Trademark owner and any license agreement or other document providing permission to the NPM to use the trademark for each of the brand families certified in Part 3 of the NPM-1 certification form.				
			A copy of the current corporate documents, such as articles of incorporation, charter or certificate.				
			A listing of all company office more in company).	cers and owners (all po	ersons with an equity	interest of 10% or	
			A complete list of cigarettes subsidiaries, affiliates, succ matter where sold; time per for those brands.	essors, members, offi	cers, owners and dire	ectors manufacture no	
			A complete list of other tobathat NPM and its principals, and directors manufacture brands; and the place of ma	subsidiaries, affiliates no matter where sold;	s, successors, member time periods for man	ers, officers, owners	





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Part 4 (continued): Additional Information Requested by Attorney General's Office						
Check	One:					
Response Provided	Does Not Apply	► Provide a respons	ovide the information requ se to each question or ind must indicate the question			
		7. A complete list of Little Cigars that NPM and its principals, subsidiaries, affiliates, successors, members, officers, owners and directors manufacture no matter where sold; time periods for manufacture of those brands; and the place of manufacture for those brands.				
		 A list of prior manufacturers of each of the brand families certified in Part 3 of the NPM-1 certification form. 				
		 For <u>each</u> brand family certified in Part 3 of the NPM-1 certification form, provide the following: 				
		a. location of manufacture				
		applies t	o each brand family			
		☐ yes	☐ no (explain)			
		b. name, address and phone number of the factory manager(s)				
		,	3 ()			
		Brand Family	c. the date manufacturing first commenced	d. the price you intend to sell each brand family to distributors licensed in Illinois		





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Part 4 (continued): Additional Information Requested by Attorney General's Office				
Check One:				
Response Provided	Does Not Apply	 ► All NPMs must provide the information requested in this section. ► Provide a response to each question or indicate N/A. ► Each attachment must indicate the question to which it corresponds. 		
		e. identification of intended distributors		
		 explanation of manufacturing process and the precise activities that constitute fabrication of the cigarettes or roll-your-own tobacco 		
		g. the name, address and contact for the fabricator, if other than the NPM, and a copy of any agreement or contract between the fabricator and NPM regarding the manufacture and/or sale of cigarettes		
		 If NPM or any of its principals previously imported or distributed cigarettes or roll-your-own tobacco in the U.S., list each brand family name and the manufacturer name and address for each brand family. 		
		11. If NPM delivers cigarettes directly to a distributor located in and licensed to stamp for Illinois, list all distributors located in and licensed to stamp for Illinois to whom cigarettes were delivered and attach copies of the RC 36 CM reports filed with the Illinois Dept. of Revenue for deliveries during the liability sales year. If NPM does not sell directly to Illinois licensed distributors, provide a list of all importers and/or distributors to which cigarettes or roll-your-own tobacco were sold during the liability sales year.		
		12. For each brand family of roll-your-own tobacco being certified, state whether NPM pays the Illinois OTP tax and provide a complete list of retailers to whom the roll-your-own tobacco is intended to be sold in Illinois. If NPM pays the Illinois OTP tax, attach a copy of the State of Illinois distributor license.		
		13. If NPM intends to sell or authorizes any other entity to sell any cigarettes or roll-your-own by mail order or through the internet, provide the internet website and/or identify publications. Attach copies of all reports, if any, filed with the Illinois Dept. of Revenue to comply with the Jenkins Act (Chapter 10A of Title 15 of the U.S. Code, Section 375 et seq.) for sales in the last 12 months. Attach copies of any agreements authorizing another to sell your brand families by mail order or through the internet. If NPM has a policy or protocol regarding the prevention of sales of your products via the internet, please provide a copy.		
		14. For each brand family (cigarettes only) certified in Part 3 of the NPM-1 certification form, provide the name and address of the entity that submitted the ingredient reporting information to the U.S. Secretary of Health and Human Services as required by the Federal Cigarette Labeling and Advertising Act (15 U.S.C. §1335a) and attach copies of all certificates of compliance.		
		15. For each brand family (cigarettes only) certified in Part 3 of the NPM-1 certification form, provide a copy of the current FTC rotation plan approval letter and the name and address of the entity that filed the health warning rotation plan with the FTC.		
		16. If the escrow agreement submitted by NPM is encumbered by granting a security interest in the escrow fund to a third party, provide UCC filings and Security Agreement pertaining to this security interest in the escrow fund.		
		17. Provide a list of states that have certified NPM and the brand families certified. If any state has refused to list or removed NPM from a state's directory, identify the state(s).		



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Part 4 (cor	ntinued): I	Additio	onal Information Requested by <i>i</i>	Attorney General's Office		
		18.	disclosure of tobacco product ing the Federal Food, Drug and Cosi Prevention and Tobacco Control	Part 3, provide proof of the submittal to predients that was due by June, 2010 as metic Act (FFDC) as amended by the FAct (21 USC 387d). Please note that on to FDA for foreign tobacco product in	s required by §904 of Family Smoking importers or their	
		19.	banned effective September 22 artificial or natural flavors, that a tobacco or menthol. See Secti	nat the brand styles you are attempting, 2009 by the FDA legislation that bans are characterizing flavors of tobacco proon 907(a)(1)(A) of the Federal Food, Donily Smoking Prevention and Tobacco (additives, including oduct other than rug and Cosmetic Act	
		20.	for 2010 pursuant to the Tobaco	equired payments have been made for to Transition Payment Program as requipobacco Reform Act of 2004 (P.L. 108-	uired by Federal law	
	21. Provide Packaging for each brand family certified in Part 3 of the NPM-1 certification form as part of the Annual Certification for LY 2010 that contains similar descriptors to light, mild, or low or provide FDA authorization for such descriptors or confirm that no packaging contains such descriptors. See Section 911(b)(2)(ii) and 911(b)(3) of the Federal Food Drug and Cosmetic Act as amended by the Family Smoking Prevention and Tobacco Control Act (21 USC 387k).					
Part 5: Man	ufacturer	Certifi	cation			
Under penalties of perjury, I state that, to the best of my knowledge, all of the information contained in this Certification and any attached documents are true and accurate and that I am a person authorized to bind the manufacturer making this certification either under the laws of the State of Illinois or of the jurisdiction where the manufacturer resides or is organized. I understand that the Attorney General may require additional information and/or documentation to determine whether the manufacturer qualifies for listing on the Illinois Directory. <i>This document must be signed and dated by an authorized notary public.</i>						
NPM Authorized Designee (Print Name)				Title		
Signature of NPM Authorized Designee				Date		
Subscribed and sworn to before me this date:						
				Signature of Notary Public		
				County	Commission Expires	
					Rev. 3/7/2011	